

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 75

Registered No. _____

Arizona _____

County Gila

State _____

Township Miami

or Village _____

City _____

No. _____

St. _____

Ward _____

2. Full name of child Jose Gomez

(If child is not yet named, and supplemental report is direct)

Sex Male3. Plural birth No

4. Twin, triplet, or other _____

5. Premature No6. Legitimate? Yes7. Date of birth Aug 8

(Month, day, year)

8. Full name Jose Gomez

FATHER

9. Full maiden name Maria De Anda

MOTHER

10. Residence (usual place of abode)

(If non-resident, give place and State) Miami

11. Residence (usual place of abode)

(If non-resident, give place and State) Miami12. Color or race Mex13. Age at last birthday 77 (Years)14. Color or race Mex15. Age at last birthday 77 (Years)16. Birthplace (city or place) Salvador(State or country) Mexico17. Birthplace (city or place) Salvador(State or country) Mexico18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. unemployed

20. Date (month and year) last engaged in this work _____

21. Total time (years) spent in this work _____

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. unemployed23. Industry or business in which work was done, as home lawyer, office stenographer, etc. unemployed

24. Date (month and year) last engaged in this work _____

25. Total time (years) spent in this work _____

26. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 3(b) Born alive but now dead 0(c) Stillborn 0

27. If stillborn,

period of gestation _____

{ months or weeks

28. Cause of stillbirth _____

{ Before labor

{ During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Kenneth Bryant

M. D.

Address Miami

Midwife

Filed Aug 9

19

Given name added from a supplemental report _____

(Date of) _____

Registrar _____